

SOCIAL SECURITY NUMBER (SSN) CORRECTIONS

This form should be used to correct worker wages misreported under an incorrect social security number.
Use an additional form for each year to be adjusted. Please complete all items.

1. Employer Account Number <div style="display: flex; justify-content: space-around; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="font-size: 1.2em; margin: 0 5px;">•</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="font-size: 1.2em; margin: 0 5px;">—</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>				2. Indicate the year being corrected. YEAR _____		
3. Owner, Partners, or Corporation Name						
4. DBA (Doing Business As)						
EXPLANATION OF ITEMS						
Item 5. List the incorrect social security number that was used in previous reports of worker's wages.						
Item 6. List the correct social security number.						
Item 7. List the employee's name.						
Item 8. Report the TOTAL GROSS wages paid in the calendar quarter. If correcting wages, do not report the difference.						
Item 9. This section must be completed by the individual completing and submitting this document. Please include the telephone number.						
5. Incorrect Employee SSN	6. Correct Employee SSN	7. Employee Name	8. Total Gross Wages Paid in Quarter			
			1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.
9. Preparer's Signature			Telephone Number ()			